United States District Court

for the

Northern District of Ohio

| CARLA GLESS, Individually and for Others Similarly Situated |))) |
|--|------------------------------|
| Plaintiff(s) |) |
| V. | Civil Action No. 1:23-cv-875 |
| UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. |)))) |
| Defendant(s) |) |

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

By and through its registered agent: ACFB Incorporated 200 Public Square, Suite 2300 Cleveland, Ohio 44114

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff's attorney,

whose name and address are: Matthew J.P. Coffman

COFFMAN LEGAL, LLC

1550 Old Henderson Road, Suite 126

Columbus, Ohio 43220 614-949-1181 – Telephone mcoffman@mcoffmanlegal.com

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Sandy Opacich
CLERK OF COURT

s/ Austen Faluski

Date: 4/27/2023



Signature of Clerk or Deputy Clerk

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Civil Action No. 1:23-cv-875

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

| | This summons for (nan | ne of individual and title, if any) | | | | |
|--------|---|-------------------------------------|---------------------------------|------|--|--|
| was re | ceived by me on (date) | · | | | | |
| | ☐ I personally served the summons on the individual at (place) | | | | | |
| | on (date) | | ; or | | | |
| | ☐ I left the summons at the individual's residence or usual place of abode with (name) | | | | | |
| | , a person of suitable age and discretion who resides there, on (date), and mailed a copy to the individual's last known address; or ☐ I served the summons on (name of individual), who is designated by law to accept service of process on behalf of (name of organization) | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | on (date) I returned the summons unexecuted because | | | ; or | | |
| | | | | ; or | | |
| | ☐ Other (specify): | | | | | |
| | My fees are \$ | for travel and \$ | for services, for a total of \$ | 0.00 | | |
| | I declare under penalty of perjury that this information is true. | | | | | |
| Date: | | | | | | |
| Date: | | | Server's signature | | | |
| | | | Printed name and title | | | |
| | | | | | | |
| | | | Server's address | | | |

Additional information regarding attempted service, etc: